

FILED APR 5 1954

STANDARD CERTIFICATE OF DEATH

State File No. 9813

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 3059		Registrar's No. 80	
1. PLACE OF DEATH a. COUNTY <u>ST. FRANCIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>BONNE TERRE</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>BONNE TERRE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>43 W. JOHNSON</u>				e. STREET ADDRESS (If rural, give location) <u>A. STREET</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LUCK</u>		b. (Middle) <u>L.</u>		c. (Last) <u>CLEEK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 24, 1954</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MARCH 24, 1867</u>	
9. AGE (In years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BLACKWELL MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEROME LONG</u>		13b. MOTHER'S MAIDEN NAME <u>LAVINA MOON</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM ALBERT CLEEK</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>WILLIAM ALBERT CLEEK</u> ADDRESS <u>BONNE TERRE</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sensitivity</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 1, 1954</u> to <u>March 24, 1954</u> that I last saw the deceased alive on <u>March 24, 1954</u> and that death occurred at <u>1:45</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>A.S. Evans M.D.</u> (Degree or title)				23b. ADDRESS <u>Bonne Terre Mo</u>		23c. DATE SIGNED <u>3-26-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 27, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BONNE TERRE</u>		24d. LOCATION (City, town, or county) (State) <u>BONNE TERRE MO</u>	
DATE REC'D BY LOCAL REG. <u>MAR. 26, 1954</u>		REGISTRAR'S SIGNATURE <u>Ether Audloff</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Benjamin H. L. Conner</u> ADDRESS <u>Mo</u>			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
G. J. Claywell

Licensed Embalmer No. 9708

P. O. Address.....
St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.